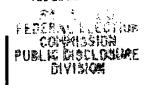


FORM 1

STATEMENT OF **ORGANIZATION**



Shis MAY 17 AM Q. 31

TORW I	Office Use Only					
1. NAME OF COMMITTEE (in	n full)	(Check if nam is changed)		mple:If typing, type the lines.	12FE4N	15
State Farm I	Mutual A	Automobile Insu	ırance C	ompany Fede	ral Politic	cal Action Committee
ADDRESS (number and street) (Check if address is changed)		C/O Mark S One State I	Farm F	nberger, Tro	easurer	617100001
			CITY		STATE	ZIP CODE
COMMITTEE'S E-MA (Check if is change	address	SS (Please provide only only only only only only only only		dress) ②s¦tatefar _i m.	. com _	
COMMITTEE'S WEB	PAGE ADD	PRESS (URL)				
(Check if is change						
2. DATE 05	' 9	2013				
3. FEC IDENTIFICATION NUMBER						
4. IS THIS STATE	MENT X	NEW (N)	R	AMENDED (A)		
Type or Print Name Signature of Treasure	of Treasurer er false, errone	Kahsil	wambe	rger	Date 0	5" / 14" / 2013 To the penalties of 2 U.S.C. §437g.
Office Use Only				For further Information Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2009)